

Impact of COVID-19 coronavirus on poverty in Pakistan: a case study of Sindh

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ABSTRACT

The current research investigated the COVID-19 is spread vigorously in China, USA, France, Italy, Germany, and European countries and Iran Pakistan being as a neighbor country of China & IranOne was for the incoming Pakistani from various countries, such as Iran, China, Afghanistan, and India. The other was arranged inside various hospitals for COVID-19 positive cases. As hundreds and thousands of Pakistani were in Iran for religious purposes, they were. Most of the students and businessmen, inside China, were not allowed to come back. Handling of large scale influx from Iran was the main problem. Out of the total COVID-19 cases, 78 percent of cases were reported from visitors coming from Iran. Pakistan announced the closure of all schools, colleges & universities with a partial lockdown across the country for major cities.

Keywords: COVID-19, Pakistan, religious purposes.

1. INTRODUCTION

Researcher is talking about the corona virus; this virus was found in China for the first time in 2019. so the cases of COVID-19 When a mysterious illness was reported in Wuhan China the cause of the disease was soon confirmed as a new kind of corona virus & the infection spread to many countries when this pandemic become COVID-19 have been reported in 210 countries Also become in Pakistan so as they see the condition of Pakistan government announcing for lockdown & also they announced that they fulfill laborer & other poor people's needs but in whole Pakistan, poor people's grumbling a government never fulfill their needs. Actually in Pakistan cases is 8418 till the 19/04/2020 As per, topic concerned in Sindh cases 2544 till the 19/04/2020 so now I discuss the poor people's our government only talk about poor people's they fulfill their needs but as per my research lots of cities in our Sindh they are very poor & they earning in a daily basis but now lots of peoples hungry & never proper arrange for these people especially they taking more care because this virus is more dangerous for old people & also for a baby's, our government says that they give money to their workers to fulfill their needs but there work's almost rejected they cannot go but they haven't proper material & also they haven't lots of money.

2. LITERATURE REVIEW

SARS-CoV, which originated from China and then was spread to other parts of the world with hospital-acquired infectious cases, had a mortality rate of 10% and was transmitted to 8000 people during an 8-month outbreak in 2002-2003.[21] In 2012, MERS-CoV, when it emerged in Arabian Peninsula MERS-CoV, spread to 27 countries with a 35.6% mortality rate in 2220 cases. It is known that both of them are zoonotic viruses showing hospital-acquired and human-to-human transmission.[21, 22] Similar dynamics apply for COVID-19 that was originated from Wuhan and the current rate of mortality from this infection is about 2%. CoVs can use different receptors and pathways when entering the cell. SARS-CoV usually infects young people, MERS-CoV people aged above 50 years and COVID-19 infects middle age and above. Comparing non-respiratory complications, MERS-CoV involve the cardiovascular system more frequently than SARS-CoV and frequently require vasopressin treatment.[3, 19, 20] Case series have reported that COVID-19 affects the cardiovascular system.[23] Acute kidney failure was more

commonly seen in SARS-CoV and MERS-CoV epidemics compared to COVID-19.[3, 26] Whereas radiological findings are present in all three pathogens, airspace pacifications are seen in SARS-CoV and ground-glass appearance in MERS-CoV and COVID-19.[3, 26] Hospital-acquired secondary infections have been defined in all three pathogens.[3, 23] There are no studies that report a successful drug for their treatment.[24] In terms of epidemic periods, SARS-CoV ended in less than a year, and the MERS-CoV epidemic lasted for seven years despite its spread to more restricted areas and. The question of how long the novel COVID-19 outbreak will last is a question that everyone is curious about. For this purpose, a randomized control trial (MIRACLE Trial), that aimed to determine whether LPV/RTV-IFNb improved clinical results in MERS-CoV patients, was initiated in 2016 and 76 patients were enrolled. [27] Although another antiviral drug, redeliver was used in the first case reported from the United States of America, seemed successful, controlled studies with more cases are needed.[21] In-vitro studies have shown that viral RNA transcription was terminated with redelivering in the early stage.[28, 29] publications are demonstrating that remdesivir has a strong antiviral activity in epithelial cell cultures against SARS-CoV, MERS-CoV and related zoonometric bat CoVs.[30, 31] Many measures should be taken, such as timely publication of epidemic information for the elimination of the source of infection, early diagnosis, reporting, isolation, supportive treatments and avoiding unnecessary panic. CDC reminds basic measures such as hand washing, using disinfectant solutions, avoiding contact with patients to prevent the spread of viruses by droplets. Precautionary actions including the provision of medicines supply chains, personal protective equipment, and hospital supplies should be made in a short time for the protection of the Chinese people and global health, especially in places with close travel ports to major Chinese ports.[32] Based on the 2003 SARS-CoV epidemic experience, the Chinese government takes many effective measures including closing public transport, reducing migration and promoting personal protection with masks in Wuhan and other provinces. Hence, there are reported cases of infected hospital personnel, healthcare staff should be informed about taking personal protective measures such as the use of gloves, eye masks, and N95 masks during the examination of patients with a suspected history of COVID-19 contact or travel to China.[11, 33] Near future course of COVID-19, which as of 12 Şubat 2020 has spread to 25 countries in total on 4 continents with 43.103 confirmed cases and 1.018 deaths, 1.017 being in mainland China and 1 in the Philippines, arouses public interest.[9] Since COVID-19 is very similar to SARS-CoV, some important features of the SARS epidemic are guiding the predictions on the current epidemic. According to the logistical modeling studies performed by combining daily numbers from COVID-19 cases (Fig. 1) with data obtained in SARS epidemics; timely diagnosis is essential for quarantine and integrated interventions to control the outbreak. Currently, growth factor (New cases of every day/cases of the previous day) of COVID-19 started to fall below 1 threshold (Fig. 2). If the current trend continues, the number of infected people is expected to reach a peak at the beginning of March 2020 (80 days from the onset). The duration between onset of symptoms and isolation is about 6 days, and it's expected that each one-day reduction in this period will decrease the size of the peak population by 72-84% and cumulative infected cases and deaths by 68-80%. It is estimated that with the effects of integrated interventions such as promoting the use of face masks and reduced traveling, each 10% reduction in transmission rate, the size of the peak population will decrease by 20-47% and cumulative infected cases and deaths will decrease by 23-49%. [34] Owing to the measures by Chinese government, including passing laws for effective infection management, supports accelerating the diagnosis and treatment such as the distribution of more than 30.000 PCR- fluorescent probe kits to determined diagnosis centers in Wuhan, and closing Wuhan and nearby Huang Guang provinces, the number of cases is expected to be below the estimates. Rapid diagnosis with quarantine and integrated interventions will have a great effect on future trends of the outbreak. Although CO- VID-19 has a similar spread with SARS and MERS, it exhibits lower mortality rates. However, variables such as traveler flow due to the Spring Festival and cross-border spread of infection require further research about advanced intervention strategies to make more precise predictions.

3. METHODS

Data were collected from 500 respondents of five districts i.e. Larkana, Shikarpur, Sukkur, Jacobabad and Kambershahdadkot by using the simple random technique. Data were analyzed by using the SPSS-22 version. A structural questionnaire was developed for the reliability and validity of Dada.

1.1. Question

1. Does the way our Government never fulfill our needs?
2. How poor people survive in this lockdown? (Ask from home mad).

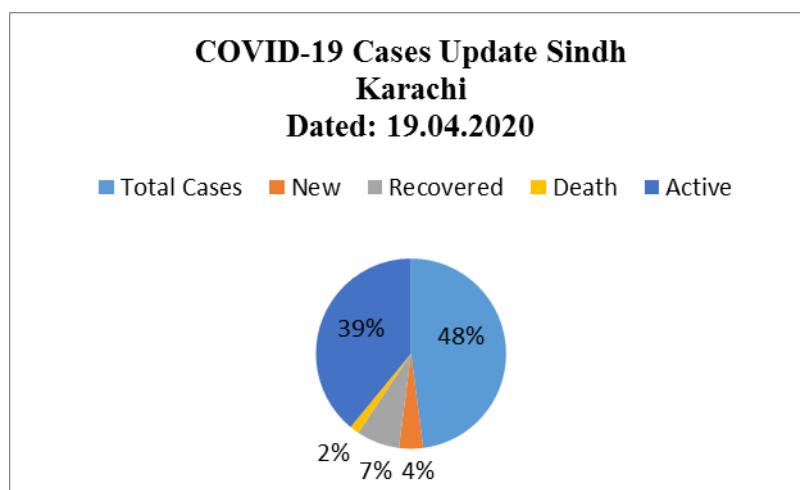
4. RESULT & DISCUSSION

In Pakistan, the first case of COVID-19 was detected on 25th of February till the now on 13/04/2020 5762 cases & death 95 & In Sindh 1452 cases till the 13/04/2020.

Poverty is the state, where basic human rights are denied. From which Sindh generally, and rural areas particularly have been longing to get rid of for decades, but live in grinding poverty. Sindh's rural deprived conditions are highly embedded in incessant bad governance, institutional decay, and concentration shift from agriculture to the service sector. Besides, there is a stronghold of the feudal system, and improper infrastructure to access nearby markets, market monopoly, widespread corruption in relevant departments at grassroots level, politicized irrigation department, increasing urbanization and rural resources exploitation. Sindh population wise is the second largest province of Pakistan Sindh's population is 47.7 million that 52.02% live in urban & 48.98% live in rural areas Sindh is afflicted by abject poverty and 50 percent live below the poverty line. A news bulletin by the State Bank of Pakistan, a few months back declared that Sindh is the second most poverty-stricken province, after Baluchistan. Thousands of acres of agricultural land are left infertile due to water shortage; the recent 13 districts of Sindh are declared severe drought-hit areas. So the resulting government decided they have increased lockdown for 14 days as see the condition of Sindh poor people how they are surviving more days & don't know this lockdown after 14 days finished or not & According to Aljazeera TV, Taftan was the center of the epidemic in Pakistan. By reviewing various video clips uploaded by different people, the following problems were identified.

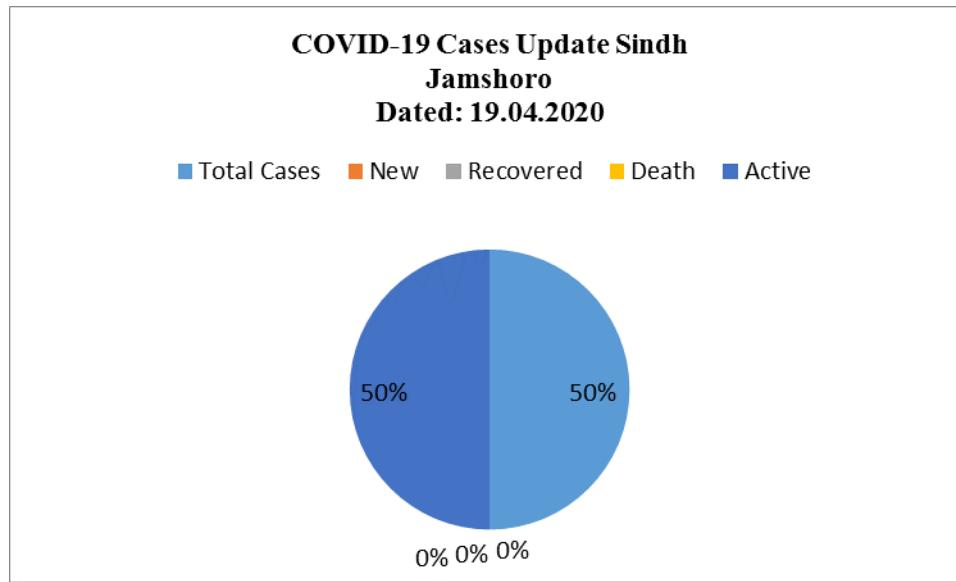
1. Unhygienic conditions
2. Non-availability of doctors
3. Non-availability of medicine
4. Capacity
5. Availability of water and food

Pakistan has a labor force of 72.5 million. 9.5 million are above 50 years age and 63 million are above 15 years of age working in different sectors. Out of this total, 7 million are daily wage worker and 3.6 million are unemployed being a developing country, the government of Pakistan could not reach every daily wage labor for appropriate support for their daily needs. Initially, there was a partial lockdown in Pakistan. Partial lockdown aimed to avoid unnecessary interaction and mobility. The partial lockdown was good for daily wage labor. They could go to their workplace so how poor people manage their needs.

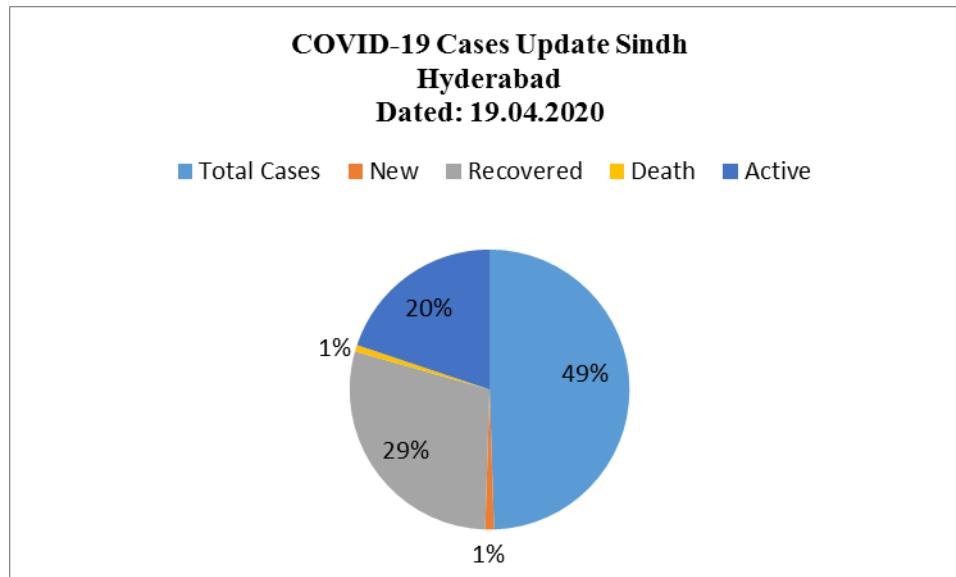


According to the above pie chart, it shows that in Karachi, which is the capital of Sindh Province, mostly lot of cases have been identified, according to the population growth, and corona tests have been done with people total cases 1541 have been identified out of 235 recovered, while the death

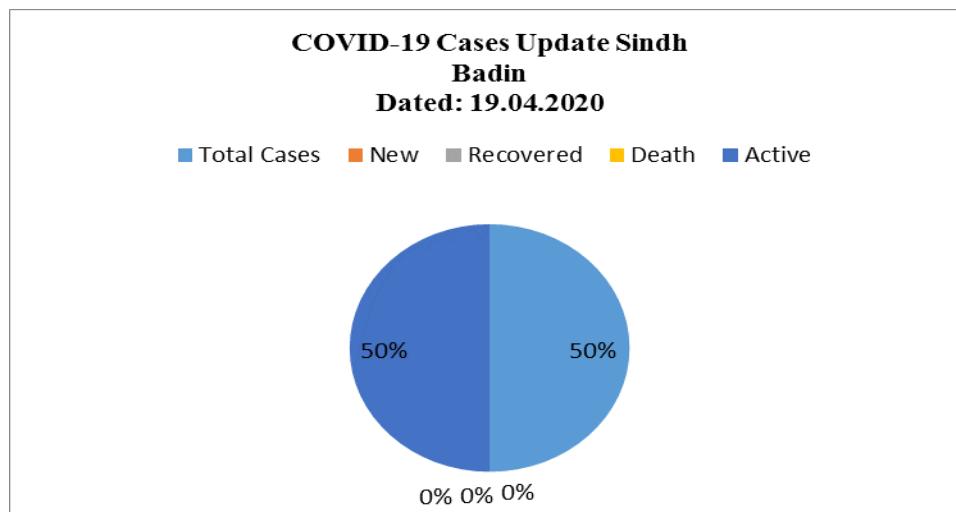
rate is 52 although today they identify 132 new cases. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



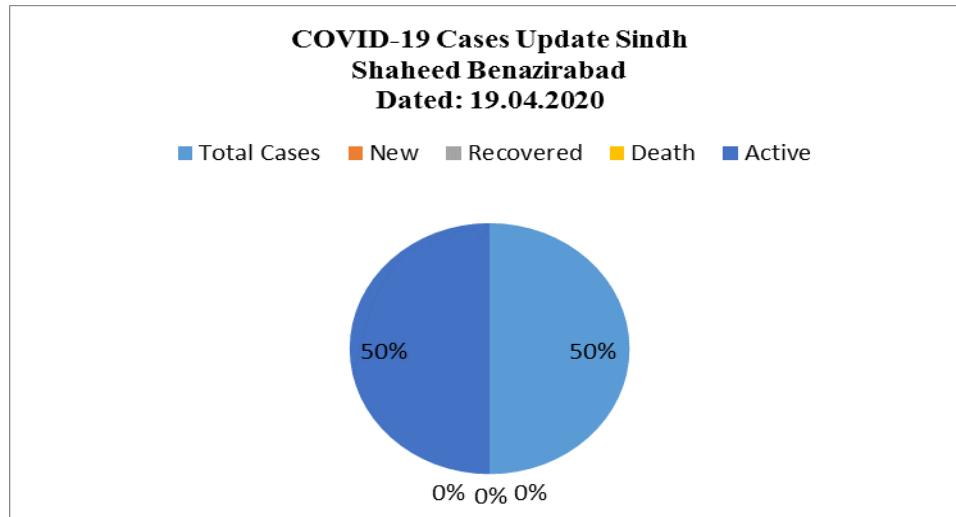
According to the above pie chart, it shows that in district Jamshoro, namely say city of universities having three universities together in Sindh Province, in Jamshoro corona tests have been done with people, total cases are 13 have been identified out of zero cases recovered, while the death rate is also zero, 13 are active cases no any new case identified today (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



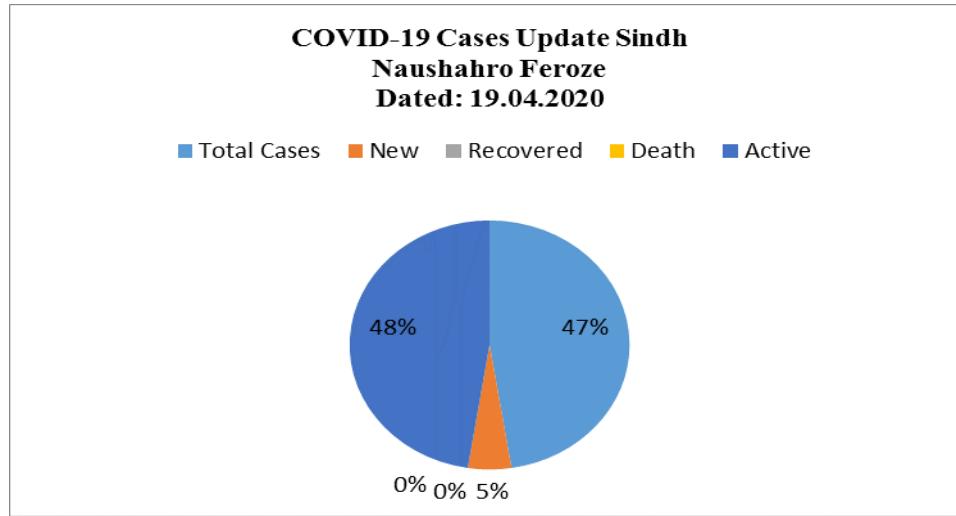
According to the above pie chart, it shows that in district Hyderabad, it is second biggest city of Sindh, having private universities, lot of big business together in Sindh Province, in Hyderabad corona tests have been done with people, where total number of cases are 197 have been identified out of this 115 cases have recovered while four new cases identified, death rate is three, still 79 cases are active (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



According to the above pie chart, it shows that in district Badin, corona tests have been done with people, total cases are four have been identified out of zero cases recovered, while the death rate is also zero, 4 are active cases no any new case identified today (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)

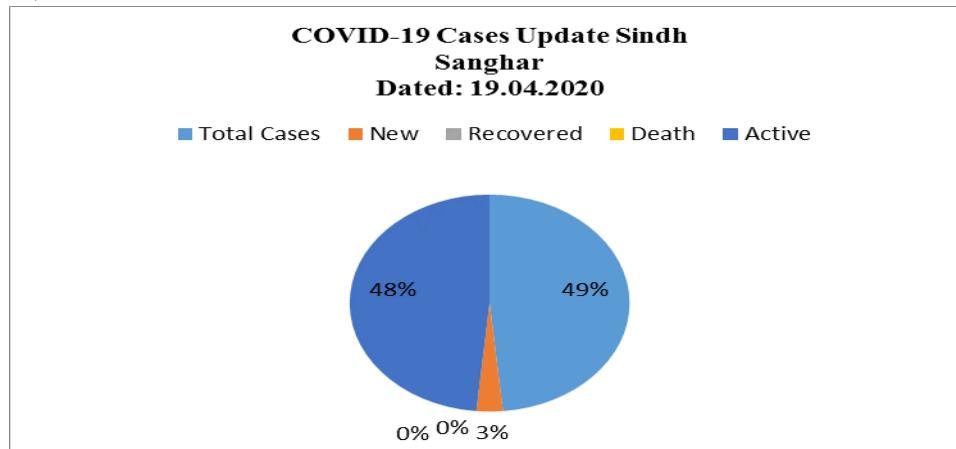


According to the above pie chart, it shows that in district Shaheed Benazirabad, corona tests have been done with people; total cases are fifty nine have been identified out of zero cases recovered, while the death rate is also zero, 59 are active cases no any new case identified today. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)

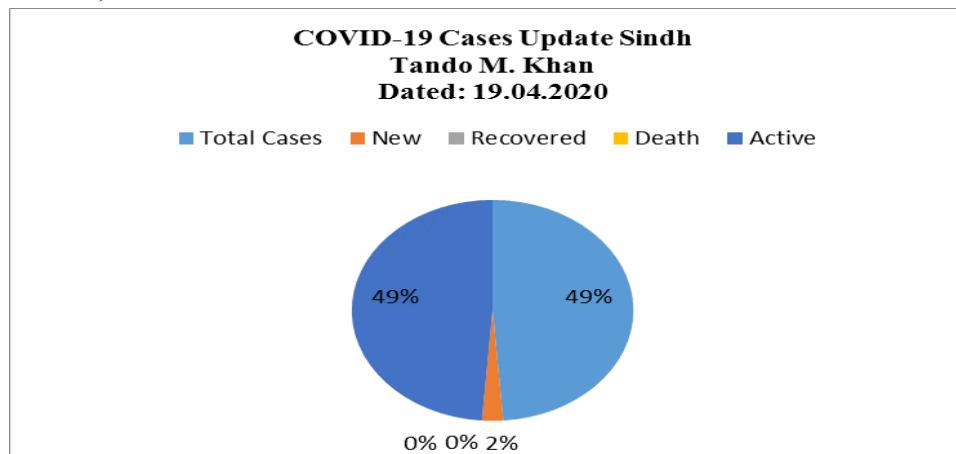


According to the above pie chart, it shows that in district Naushahro Feroze, this distict is growing

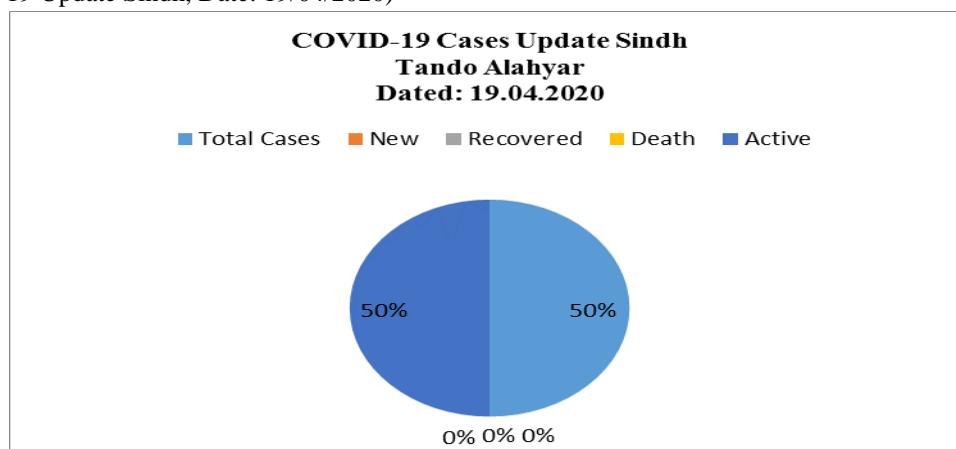
nowadays having university campuses, corona tests have been done with people; total cases are nineteen have been identified out of that zero cases recovered, while the death rate is also zero, 19 are active, although two new cases identified today.. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



According to the above pie chart, it shows that in district Sanghar, corona tests have been done with people; total cases are seven have been identified out of zero cases recovered, while the death rate is also zero, 7 are active cases no any new case identified today (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)

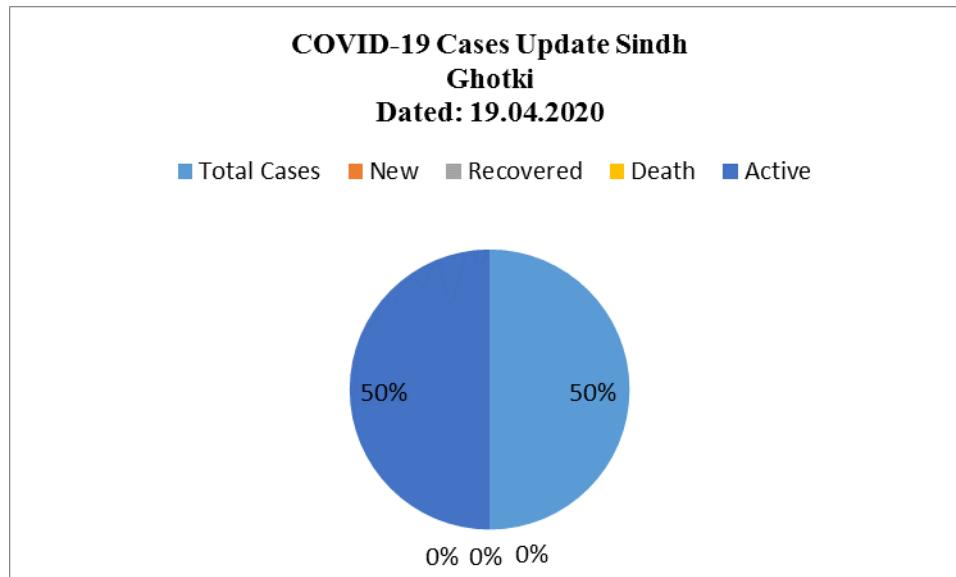


According to the above pie chart, it shows that in district Tando M. Khan, corona tests have been done with people; total cases are twenty have been identified out of zero cases recovered, while the death rate is also zero, 20 are active cases, there is one new case identified today. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)

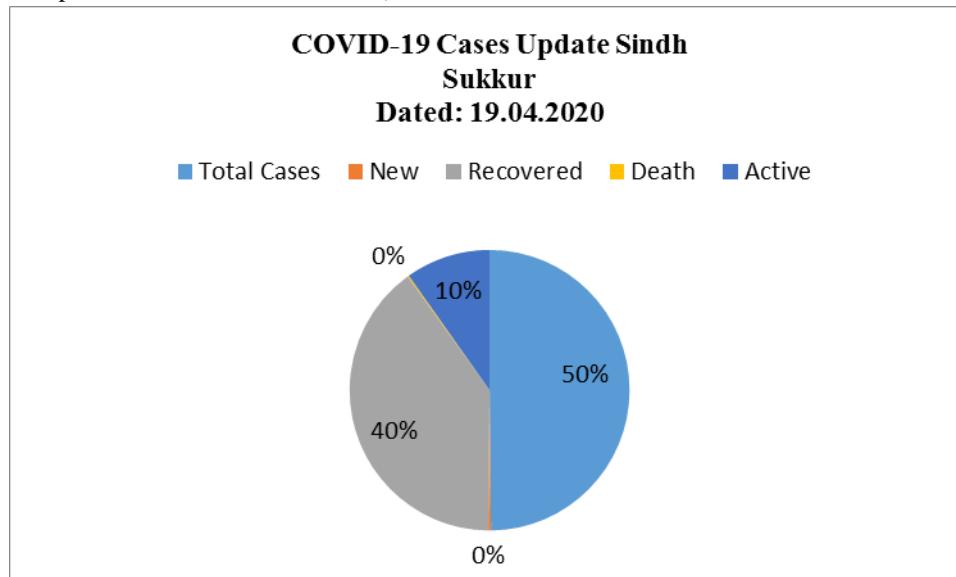


According to the above pie chart, it shows that in district Tando Alahyar, corona tests have been done with people; total cases are six have been identified out of zero cases recovered, while the death rate is

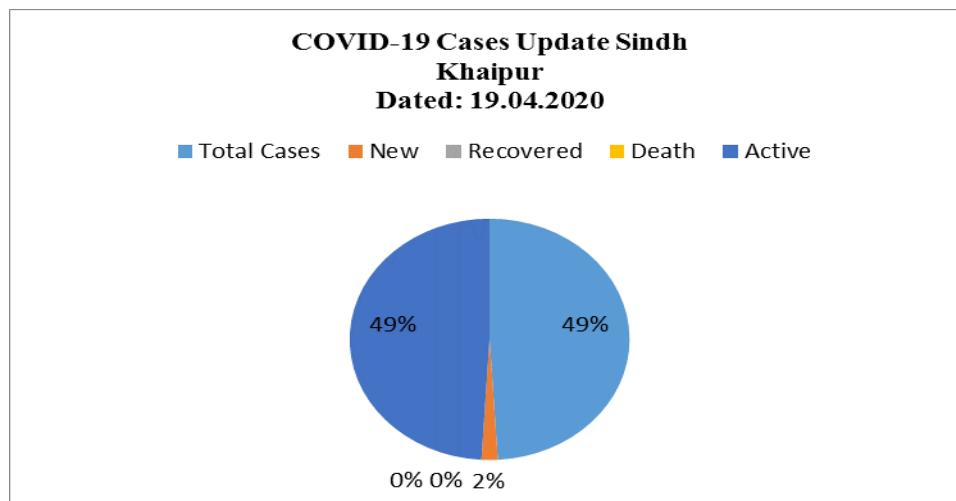
also zero, 6 are active cases no any new case identified today (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



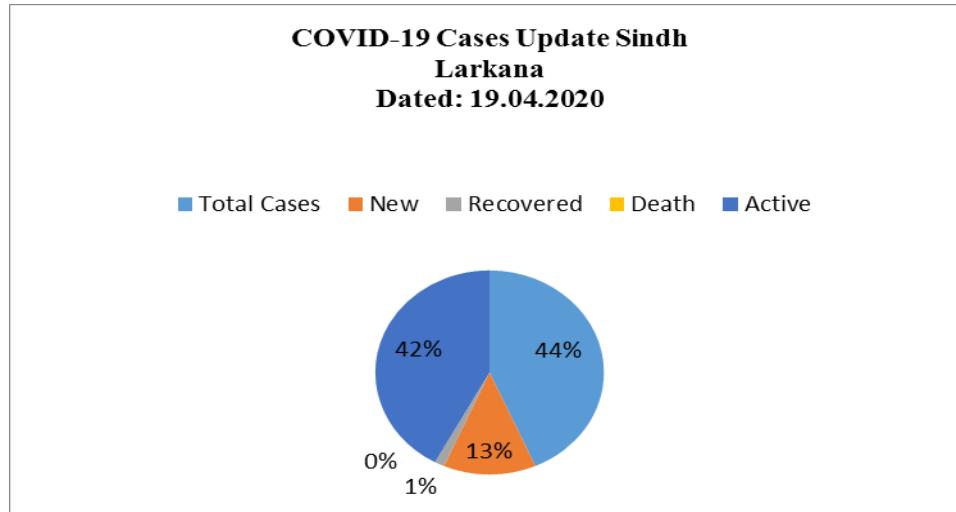
According to the above pie chart, it shows that in district Ghotki, corona tests have been done with people; total cases are one hundred and twenty have been identified out of zero cases recovered, while the death rate is also zero, 120 are active cases no any new case identified today. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



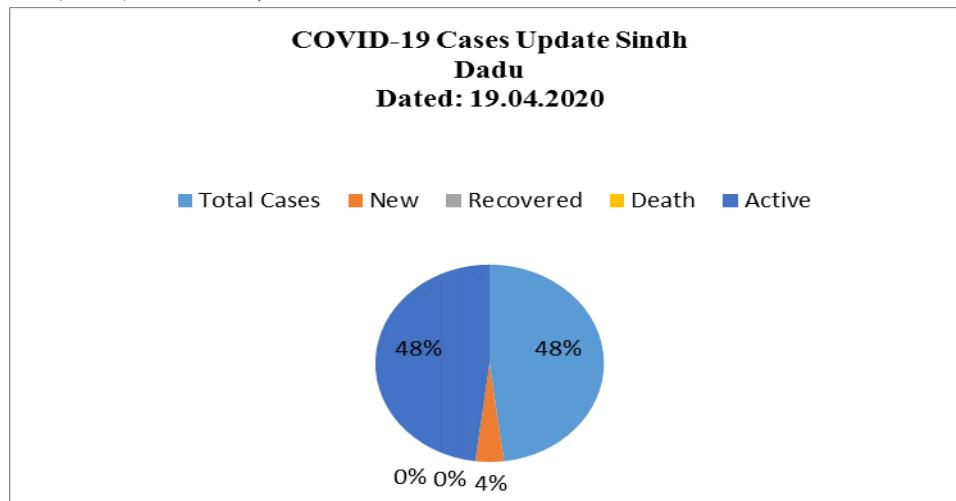
According to the above pie chart, it shows that in district Sukkur, this is third biggest city of Sindh, corona tests have been done with people; total number of cases are three hundred and forty one have been identified out of them 273 cases recovered, while 2 new cases identified today, one has died, 47 are active cases (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



According to the above pie chart, it shows that in district Khairpur, corona tests have been done with people; total cases are one hundred five have been identified out of zero cases recovered, while the death rate is also zero, 105 are active, one new cases identified today (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)

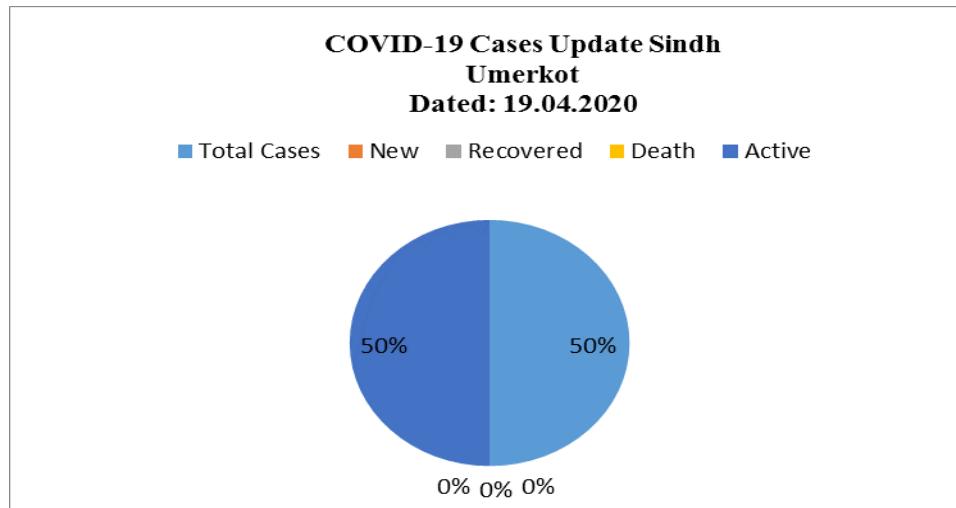


According to the above pie chart, it shows that in district Larkana, corona tests have been done with people; total cases are sixty three have been identified out of them two cases recovered, while the death rate is also zero, 61 are active case, 19 new cases identified today (Source of this data is COVID-19 Update Sindh, Date, 10/04/2020)

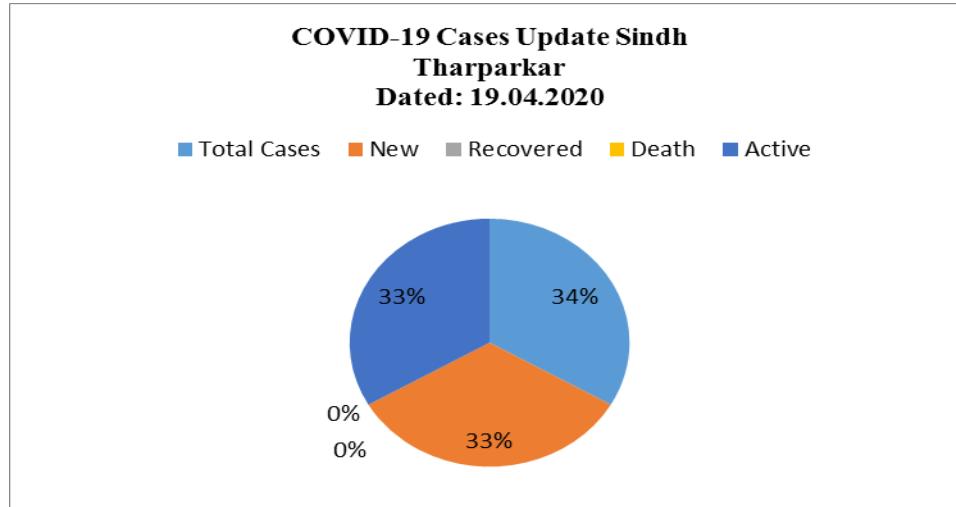


According to the above pie chart, it shows that in district Dadu, corona tests have been done with people; total cases are twelve have been identified out of them zero cases recovered, while the death rate is also

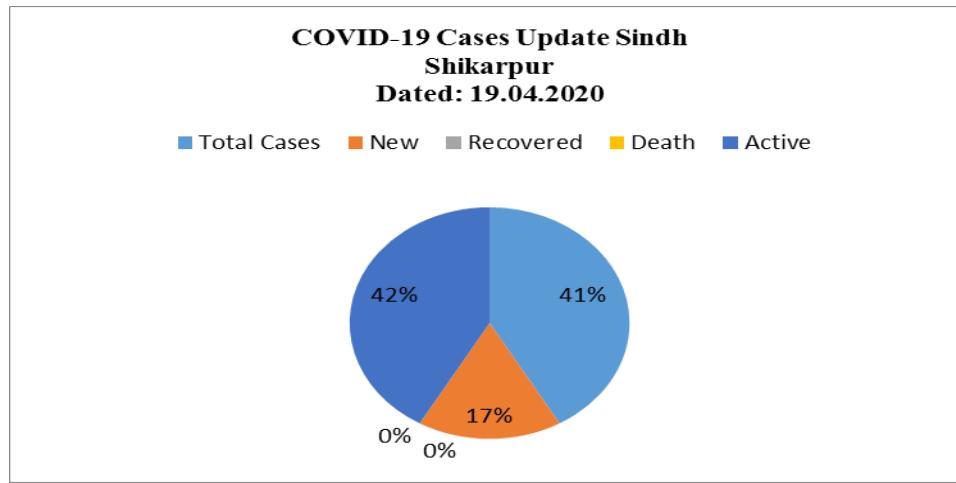
zero, 12 are active cases, 1 new cases identified today. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



According to the above pie chart, it shows that in district Umerkot, corona tests have been done with people; total cases are three have been identified out of them zero cases recovered, while the death rate is also zero, 3 are active cases, 1 new cases identified today. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)

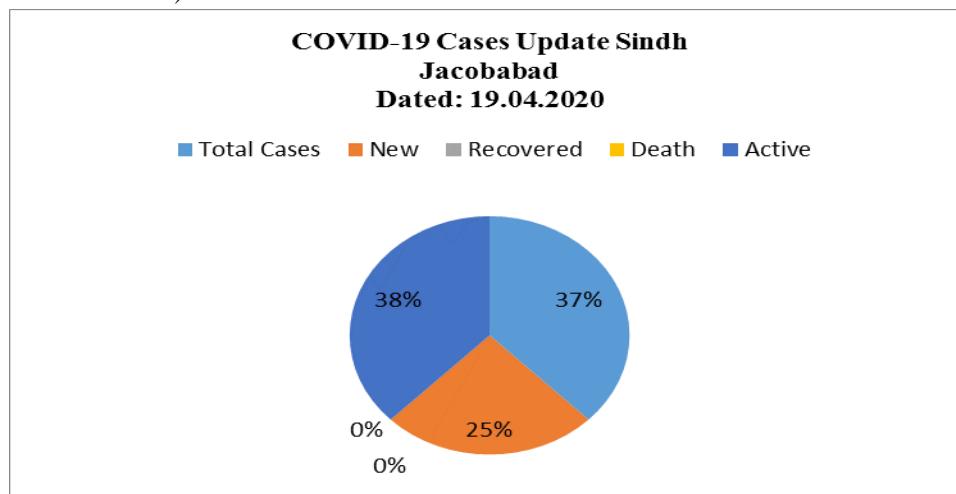


According to the above pie chart, it shows that in district Tharparkar, corona tests have been done with people; total cases are five have been identified out of them zero cases recovered, while the death rate is also zero, 5 are active cases, All cases identified today. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)

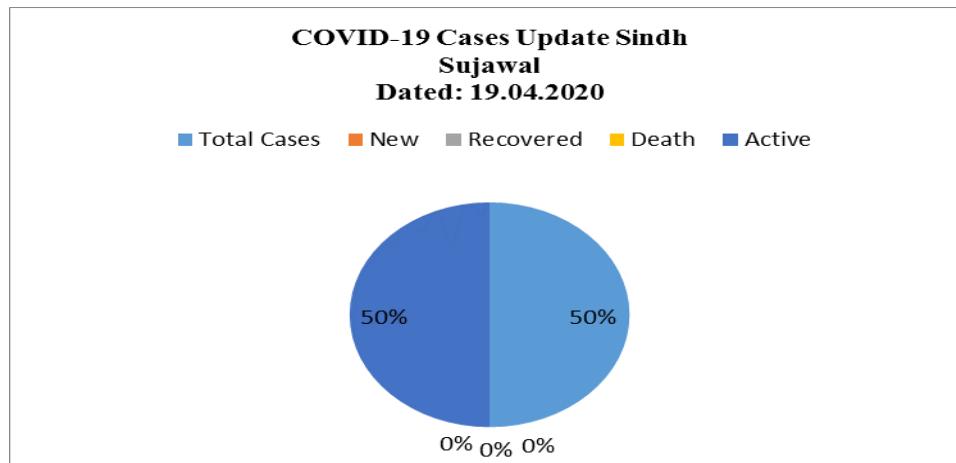


According to the above pie chart, it shows that in district Shikarpur, corona tests have been done with

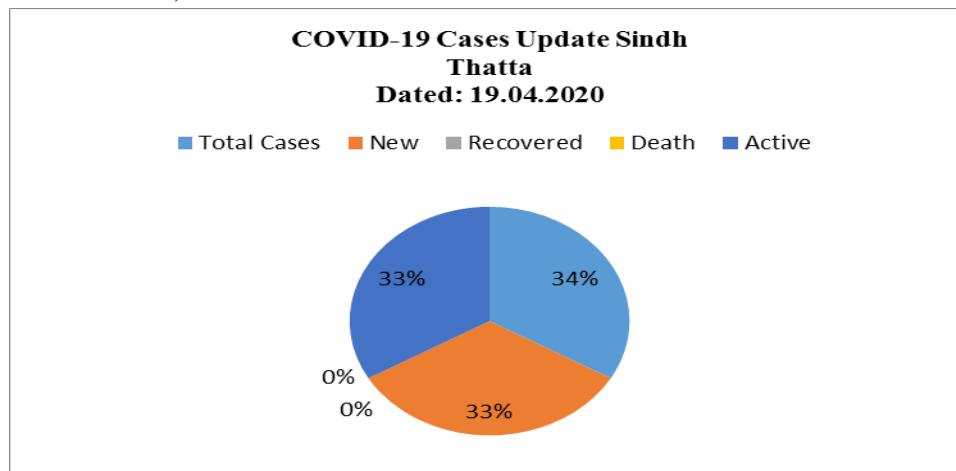
people; total cases are five have been identified out of them zero cases recovered, while the death rate is also zero, 5 are active cases, 2 new cases identified today. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



According to the above pie chart, it shows that in district Jacobabad, corona tests have been done with people; total cases are three have been identified out of them zero cases recovered, while the death rate is also zero, 3 are active cases, 2 new cases identified today. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



According to the above pie chart, it shows that in district Sujawal corona tests have been done with people; total cases are seven have been identified out of them zero cases recovered, while the death rate is also zero, 7 are active cases, no new cases identified today. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020)



According to the above pie chart, it shows that in district Thatta, corona tests have been done with people;

total cases are five have been identified out of them zero cases recovered, while the death rate is also zero, 5 are active cases, All new cases identified today. (Source of this data is COVID-19 Update Sindh, Date: 19/04/2020).

At last the total number of Corona Virus patients in Sindh Province is 2544, from those 182 are new which identified today, 625 cases are recovered, 56 are died, still 1863 are active cases.

While number of local transmission cases in Sindh is 1508 and total number of samples tested in Sindh are 24,438. (Source of this data is COVID-19, Update Sindh, Date: 19/04/2020).

5. CONCLUSION

The present study was conducted from social media the laborer start work in someplace but as my research, a peoples go & give the Roshan in poor people's & nowadays there are some COVID cases in Sindh because as per my research a people give Sadqa but they can't think the poor people's are not taking care from COVID but they have no knowledge about it so it must this is a responsibility of those people who knows about it

Since Sindh chief minister Syed Murad Ali Shah has said that the poverty reduction strategy prepared with the technical assistance of the European Union is aimed at focusing on targeted interventions for poverty reduction

But I think this is not easy or run because of Sindh peoples a lack of education so people can't understand any situation Our government must be taking a good decision because as see the condition of Sindh poor people not understand any problem.

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